PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further d indicated unless correcte maintenance fee notificat	d below or directed oth	ig the Patent, advance of terwise in Block 1, by (a	aers and notification of n a) specifying a new corres	pondence address;	and/or	(b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDE	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
210 7590 12/28/2010 MERCK P O BOX 2000 RAHWAY, NJ 07065-0907				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
							(Depositor's name)
			_				(Signature)
	_		L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/574,992 FITLE OF INVENTION:	01/12/2007 THIOPHENE AND BE	ENZOTHIOPHENE HYD	Thomas A. Miller PROXAMIC ACID DERIV	'ATIVES		21824YP	3515
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/28/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DENTZ, BERNARD I		1625	514-443000				
 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 							
(A) NAME OF ASSIC Merck HDA Assign	ENEE C Research, ment record	LLC .ed on 03/05	data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY Boston, /207; Reel/Finted on the patent):	and STATE OR C MA rame 0190	OUNT	ry) ′0750	
4a. The following fee(s) a	re submitted:	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-27.55 (enclose an extra copy of this form).					
a. Applicant claims	us (from status indicated s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long				
NOTE: The Issue Fee and interest as shown by the re	l Publication Fee (if requecords of the United Sta	nired) will not be accepted tes Patent and Trademark	d from anyone other than the Office.	ne applicant; a regi	stered a	ttorney or agent; or the	e assignee or other party in
Authorized Signature	/Li Su, Re	eg. # 45,141	/	Date <u>Ma</u>	rch	14, 2011	
Typed or printed name	Li Su		Registration No. 45, 141				
an application. Confident	iality is governed by 35.	LLS C 122 and 37 CFR	on is required to obtain or r 1.14. This collection is est depending upon the indive Chief Information Office	imated to take 12 r	ninutes	to complete including	ogthering preparing and

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.